

THE CLEVELAND MUSEUM OF ART

PAID MAR 05 1964

Born in Cleveland ☒ YES ☐ NO

FORTY-SIXTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE

MAY 6 to JUNE 14 1964

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____

Artist

GERALD

RINYU

FIRST NAME

LAST NAME

Address

16300 S. WOODLAND

SHAKER HTS

20

CUY.

Tel. 561-6894

NO.

STREET

CITY

ZIP CODE

COUNTY

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS
1	2	250.	CUBE TABLE	METAL-STONE	11	2530
1	1	230.	URGENT: WILL THE PERSON WHO BORROWED MY PAINTBRUSH PLEASE RETURN IT TO THE ABOVE HOOK	METAL-WOOD	6	1198

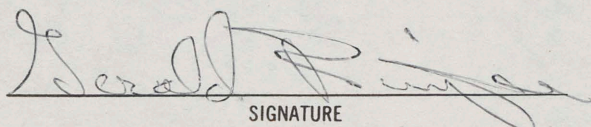
SUBMIT ENTRY BLANK NO LATER THAN MARCH 9, 1964.

This entry blank must be fully made out (typewritten or plainly lettered) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1964.

It is also understood that accepted entries will remain on exhibition until June 14, 1964.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.


SIGNATURE